Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		X3) DATE SURVEY COMPLETED			
7.1.12 . 2.1.1	o. oo2011011		A. BUILDING:	01					
FCL008032		B. WING		R 08/21/2015					
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
CHERRY	CHERRY'S FAMILY CARE HOME #3 106 HARMON STREET AULANDER, NC 27805								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE			
{C 000}	Initial Comments		{C 000}						
	Follow-up Survey o AM to 1:01 PM at th Not all of the previo corrected and three	Fay a Section conducted a Biennial an August 21, 2015 from 11:23 ane above referenced facility. ausly cited deficiencies were a new deficiencies have been arther action is required.							
	The deficiencies are	e as follows:							
{C 153}	Houskeeping And Furnishings-Clean, Repaired		{C 153}						
	SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes.								
	This Rule is not me Based on observati maintained in a good	on, the building was not							
	Findings include: a. The front right be the carpet,	edroom door is dragging on							
	the bedroom door waking it difficult to person adjust the dangging. Provide	time of the Follow-up Survey, was still dragging on the carpet open. Have a qualified oor to keep the door from documentation of the a copy of a receipt or work							

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED				
		FCL008032	B. WING		F 08/2	R 21/2015		
					00/2	. 1/2013		
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE				
CHERRY	CHERRY'S FAMILY CARE HOME #3 106 HARMON STREET AULANDER, NC 27805							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE		
{C 155}	FURNISHINGS (a) Each family ca (5) be maintained orderly manner, free hazards; (e) This Rule shall homes. This Rule is not med. Based on observing was not maintained effect all residents behazard. Findings include: There are damaged locations: d) Staff Bedroom. 8/21/15: SF-Observing free family can be a family	THE BUILDING 15 HOUSEKEEPING AND re home shall: in an uncluttered, clean and e of all obstructions and apply to new and existing	{C 155}					
	Staff bedroom. Inte they had run short of technician repair the Provide documenta	arred in all rooms except the erview with Staff revealed that of materials. Have a qualified e floor in the Staff bedroom. tion of the repairs through receipts of purchases or work						
{C 174}	SECTION .0300 - T 10A NCAC 13G .03 EQUIPMENT (a) The building ar	Maintained Safe, Operating THE BUILDING 117 BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family	{C 174}					
		maintained in a safe and						

Division of Health Service Regulation

STATE FORM 6899 K4H522 If continuation sheet 2 of 3

Division of Health Service Regulation

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
		7 501251110.	•	R				
FCL008032		B. WING		08/21/2015				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
CHERRY'S FAMILY CARE HOME #3 AULANDER, NC 27805								
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (XECTION (CARRECTION CARRECTION CARRECTIO				
Continued From pa	ge 2	{C 174}						
observations reveal of the facility was lot the structure along trim had fallen off a laying on the ground repair the damaged trim. Provide document through photos or or work orders. 2. Observations reveal the facility was lot to the structure along the structure and the structure along the structure alo	led that the siding at the rear lose and no longer secure to the roof trim. A section of the long the upper gable and was d. Have a qualified technician I sections of the siding and mentation of the repairs copies of receipts of purchases wealed that at section of the							
facility was disconn leaving the soffit ex technician secure o corner. Provide do	ected and hanging vertically posed. Have a qualified or repair the soffit at the back cumentation of the repairs							
in the front foyer was battery. Have a qua- battery and insure to properly. Provide d	as chirping indicating a low alified person replace the he detector is working ocumentation of the repairs							
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETTE CONTINUED FROM PARTICIPATION OR LETTE CONTINUED FROM PARTIC	PROVIDER OR SUPPLIER STREET AD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: New Deficiencies revealed on 8/21/15: 1. At the time of the Follow-up Survey, observations revealed that the siding at the rear of the facility was loose and no longer secure to the structure along the roof trim. A section of the trim had fallen off along the upper gable and was laying on the ground. Have a qualified technician repair the damaged sections of the siding and trim. Provide documentation of the repairs through photos or copies of receipts of purchases or work orders. 2. Observations revealed that at section of the soffit at the back corner of the right face of the facility was disconnected and hanging vertically leaving the soffit exposed. Have a qualified technician secure or repair the soffit at the back corner. Provide documentation of the repairs through photos or copies of receipts of purchases or work orders. 3. At the time of this survey, the smoke detector in the front foyer was chirping indicating a low battery. Have a qualified person replace the battery and insure the detector is working properly. Provide documentation of the repairs through copies of receipts of purchases or work	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S 106 HARMON STREET AULANDER, NC 2780 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 operating condition. (j) This Rule shall apply to new and existing family care homes. 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Have a qualified person replace the battery and insure the detector is working properly. Provide documentation of the repairs through copies of receipts of purchases or work	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 106 HARMON STREET AULANDER, NC 27805 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 operating condition. (i) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: New Deficiencies revealed on 8/21/15: 1. At the time of the Follow-up Survey, observations revealed that the siding at the rear of the facility was loose and no longer secure to the structure along the roof trim. A section of the trim had fallen off along the upper gable and was laying on the ground. Have a qualified technician repair the damaged sections of the siding and trim. 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